Montana Medicaid Claim Jumper

Electronic claims submission

As reported in last month's *Claim Jumper*, the Montana Department of Public Health and Human Services (DPHHS) has enlisted ACS EDI Gateway, Inc. to provide all electronic claims submission services for Montana health care providers. ACS State Healthcare, Fiscal Agent Services (FAS) will continue to provide all services except for electronic claims submission support.

Enrollment packets were sent to all Montana providers in July. All providers submitting electronic transactions are required to complete the ACS EDI provider enrollment forms and return them to ACS EDI Gateway, Inc. by August 1, 2003.

Companion guides, electronic submitter enrollment forms, and other information about working with the ACS EDI Gateway clearinghouse are can be found on the ACS EDI website at *http://www.acs-gcro.com/Medicaid_Accounts/Montana/montana.htm* (There is also a link to this site at *http://www.mtmedicaid.org.)* Providers can also contact ACS EDI Gateway, Inc. at 1-800-987-6719, Monday through Friday, 8 am to 5 pm. MST.

Between September 1 and October 16, 2003, claims can be submitted either in NSF format or HIPAA-compliant transactions. Providers should note the following projected time frames for implementation of the HIPAA codesets and transactions:

- WINASAP2003 software available to providers by the end of August 2003.
- X12N 837 professional, institutional, and dental claims accepted beginning September 1, 2003.
- X12N 835 remittance advice transactions sent beginning September 1, 2003.

Provider and Billing Agents using the ACE$ Software

Providers or billing agents currently submitting claims electronically using ACE$ will be required to transition to the new field software, WINASAP2003 to meet HIPAA requirements. ACS EDI Gateway will support the WINASAP2003 software and answer all questions regarding electronic claims submission. Please continue to use ACE$ until WINASAP2003 becomes available. Statewide WINASAP2003 training will be conducted in August. (Registration form, training dates and locations are listed in the July issue of the *Claim Jumper* available at *http://www.mtmedicaid.org.*

Software Developers, Testing and EDIFECS

Vendors, billing agents, clearinghouses, and providers who have created their own electronic claims submission software are required to test their applications with ACS EDI Gateway. Using this free service, software developers will utilize Companion Guides in conjunction with the national ANSI ASC X12N Implementation Guides to ensure their applications meet Montana DPHHS data receipt requirements. Submitters will be using EDIFECS to validate their transactions. Submitters will obtain access from ACS EDI Gateway to the EDIFECS website in order to submit X12N test files for analysis. The submitter is required to address any errors discovered by EDIFECS during the compliance analysis prior to moving on to the next stage of testing with the ACS EDI Gateway.

The ACS EDI Gateway business analyst staff will schedule a communications test with the submitter once EDIFECS verifies that each submitted test file meets the compliance standards for X12N transactions. In addition, ACS EDI Gateway will work with the submitter to verify connectivity with both the clearinghouse and the Host Data Exchange.

Following successful completion of the communications test, a testing schedule is established for each submitter. Once the submitter has completed testing successfully, they are moved into production. The ACS EDI Gateway business analyst staff can be reached at 850-558-1630.

HIPAA Privacy and Covered Entities

The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule was enacted to protect the patient's/client's protected health information (PHI) and does, in some instances, require a signed authorization before PHI can be provided to another individual or entity. However, HIPAA specifically allows the use and disclosure of individually identifiable health information (IIHI) or PHI between covered entities (providers, clearinghouses and/or health plans) and their business associates to provide treatment, payment or healthcare operations (45 CFR Part 164.506).

Also, Montana law provides that the Department of Public Health and Human Services (DPHHS) employees and contractors may use and disclose records as necessary to perform normal business functions, including treatment, audit and quality improvement, investigation of fraud and abuse, establishment of overpayments and recoupment, public health or other functions authorized by law. Information will be made available to state and federal auditors and compliance monitors (MCA 50-16-529 and 50-16-530).

Those disclosures include information given to DPHHS and Medicaid's business associates when there is a need to know in order for them to do their jobs.

DPHHS Staff

DPHHS staff performs a number of services necessary to provide clients with treatment, payment and normal health care operations including, but not limited to, the following:

1. Prior authorizations for services such as transportation (non-emergency medical), medical equipment, certain medicines and most brand name drugs when generics are not available, physical therapy, certain vision services and other services;
2. Audits, investigations and inspections in compliance with state and federal regulations; and
3. Health oversight activities, including monitoring for fraud and abuse of services in the Medicaid Program.

Medicaid Business Associate Contractors

DPHHS has contracted with several organizations to conduct some of our health care operations.

- ACS – claims payments
- Walman Optical – Medicaid supplier for glasses (frames and lenses)
- Mountain Pacific Quality Health Foundation – Prior authorization, case management and DUR
- Public Consulting Group – Third party recovery
- MAXIMUS – Medicaid help lines, provider and client managed care enrollment and other PASSPORT activities
- Myers & Stauffer – Auditing services
- First Health – Utilization review

Your cooperation and assistance in sharing appropriate PHI with DPHHS staff, their business associate contractors and with other covered entities will enable the administrative and operational procedures necessary to provide services and benefits to all patients/clients while complying with applicable HIPAA regulations.

If you have questions, please contact Jean Robertson at (406) 444-1460.

Transportation Manuals Available

The *Commercial and Specialized Non-Emergency Transportation Manual* is now out on the provider information website (*www.mtmedicaid.org*) in the Manuals section. Previously this information was contained in two separate manuals: one for commercial transports and one for non-emergent transports. These have been combined and rewritten for easier use by providers. The *Personal Transportation Manual*, a manual for clients who must travel to appointments away from home, is available both on the provider website and the client information website *(http://www.dphhs.state.mt.us/hpsd/medicaid/medrecip/medrecip.htm*). This manual will help clients evaluate whether their appointments will be covered under the Transportation Program, how to get prior authorization for these trips and other important facts. If a provider does not have access to the Internet, manuals can also be requested by calling ACS Provider Relations at (800) 624-3958 in state, and (406) 442-1837 in Helena and out-of-state.

Local Transportation Modifiers To Change

Under HIPAA, state Medicaid programs and state Medicare carriers are required to phase-out all of their HPCPS Level III (local) codes and modifiers. These are alphanumeric codes beginning with "W" through "Z" and followed by four digits. The modifiers are generally two digit and also begin with "W" through "Z."

In many instances, these codes/modifiers are peculiar to a single state and very rarely common to all carriers like the CPT-4 and HPCPCS Level II codes.

The Montana Medicaid transportation program will terminate two active "Z" modifiers effective July 31, 2003. Multiple trips-same day services formerly billed using modifiers Z3 and Z4 will be billed with modifiers U2 and U3 beginning July 1, 2003. Modifier U2, "second trip same day," will replace modifier Z3. Modifier U3, "third trip same day," will replace modifier Z4. A provider notice dated July 1, 2003 is on the provider information website *(www.mtmedicaid.org),* in the Notices and Replacement Pages section, under the specific Transportation provider types.

Medicaid Hard Cards

This is a reminder that the new hard card will be mailed out to clients for September 2003 eligibility and beyond. The hard card will only be mailed out once, unless the client loses their card or it is stolen. The hard card will not list the dates of client eligibility or the PASSPORT provider, so the client's eligibility must be checked each time the client has an appointment. There are a variety of eligibility verification resources for providers to use. Those resources are listed below:

AVRS (800) 714-0060 – this eligibility verification resource issues an instant phone message about the client's eligibility. Available 24 hours a day, 7 days a week.

FAXBACK (800) 714-0075 – this eligibility verification resource sends a FAX to the provider's FAX machine with the client's eligibility listed. Available 24 hours a day, 7 days a week.

MEPS vhsp.dphhs.state.mt.us – this eligibility verification resource requires that the provider register before use; issues eligibility verification that can be printed for client's file. Available 24 hours a day, 7 days a week.

MEDIFAX EDI www.medifax.com; **(800) 444-4336** – MEDIFAX has a variety of options for eligibility verification, ranging from a point-of-sale terminal to Internet sites listing eligibility. Call Sheri Smith at x2072 for additional information on these services.

Eligibility can also be verified by calling Provider Relations at (800) 624-3958 in-state or at (406) 442-1837 out-of-state or in Helena.

Outpatient Reimbursement Changes

Effective August 1, 2003, the reimbursement methodology for outpatient hospital services will change as follows:

Exempt facilities and CAHs will be reimbursed hospital specific percent of charges on an interim basis, and will be cost settled.

PASSPORT authorization is not required for emergency department services. Non-emergencies in the emergency department will no longer be reimbursed except for the screening and evaluation fee and any appropriate imaging and diagnostic services that are part of the screening.

- The prudent layperson definition of EMTALA only applies to the medical screening examination (if a prudent layperson would believe it is an emergency then the medical screening exam must be done and paid for). The Department will always pay a screening fee for the screening and evaluation as required by EMTALA. Emergency services are:
  - Medical screening examination to determine if an emergency medical condition exists. If a person comes to the emergency room seeking emergency medical services, this screening examination is performed to determine if an emergency exists.
  - If an emergency medical condition does indeed exist, emergency medical services are those services required to treat and stabilize the emergency medical condition.
- A service is reimbursed as an emergency if one of the following criteria is met:
  - The claim has a procedure code of 99284 or 99285 on the ED revenue code line.
  - The admitting, primary or secondary diagnosis code is on the Department's emergency diagnosis list; or
  - The medical professional rendering the medical screening evaluation determines an emergency medical condition did exist. In this situation the claim and documentation supporting the emergent nature of the service must be mailed into the Department's UR contractor.

DRG facilities, out-of-state facilities and border facilities will be reimbursed for outpatient services through an Outpatient Prospective Payment System (OPPS) using Ambulatory Payment Classification Groups (APC) similar to Medicare. There are some changes that are specific for Montana, however, for the most part, OPPS for Montana Medicaid should be billed the same as OPPS for Medicare.

Listed below are some of the specific differences for Montana Medicaid:

- Montana's conversion factor for outpatient hospitals is $47.75. This will update each year with Medicare, and may be adjusted to meet budget requirements for the program.
- Payment depends on proper CPT or HCPCS Level II procedure codes.
- Codes no longer required on pharmacy and supply revenue codes over $1000, however, lack of a code could result in a lower APC payment.
- Prior authorization will be required for some in-state services (i.e. circumcision, mammoplasty). Please see the *Hospital Outpatient Services Manual* dated August 2003 for details.
- Corneal transplants still require prior authorization from MPQHF.
- Line items must have date of service
- Discounted surgical procedures will be paid the same way as Medicare, except the bilateral discount is 150% for Medicaid.
- Partial hospitalization services will continue to use the current payment method, except there will be no local codes.
- Pass-through items paid hospital specific outpatient percent of charges.
- Medicaid will follow Medicare's "inpatient only" procedures. Hospitals may appeal.
- Medicaid will add a fourth observation group for obstetric complications.
- Lab services are mostly paid according to fee schedule. Almost all imaging and diagnostic services are paid by APC.
- Dental services not paid by APC will be paid a fee of $68.64 per unit (DDS still paid separately).
- Charge cap will be claim level. Payment will be the lower of provider's charges or payment as calculated under the outpatient prospective payment system.
- Therapy services (physical, occupational and speech-language) will be reimbursed the same as therapy services provided in the community (i.e. 90 percent of RBRVS fee schedule) and are limited to the same hours as independent therapists. Currently this means 40 hours for each type of therapy in an outpatient setting. The independent therapist and outpatient therapist totals are separate (40 each). Limits on therapies do not apply to inpatient services.

CMS 1500 Providers in the Emergency Room

Effective August 1, 2003, PASSPORT authorization is not required on a CMS 1500 claim for place of service 23 (emergency room) since PASSPORT authorization is not required for emergencies. If the emergency service is on the pre-approved list of emergency diagnosis codes or procedure codes 99284 or 99285, the claim will be reimbursed as an emergency if the claim meets all other billing requirements. After August 1, 2003, the Department will monitor emergency claims with PASSPORT approval that my have been paid in error and those claims will be adjusted. Please refer to the website *www.mtmedicaid.org* for the pre-approved list of emergency diagnosis codes. If the service did not meet one of the emergency diagnosis codes or emergency procedure codes, but the medical professional rendering the medical screening and evaluation believes an emergency existed, please send the claim and documentation to the Department review contractor at: Mountain-Pacific Quality Health Foundation, 3404 Cooney Drive, Helena, MT 59602. Cost sharing is not taken for emergencies; cost sharing will be taken for non-emergencies.

Outpatient Hospital Manual

The *Hospital Outpatient Manual* is now available on the provider information website.

MONTANA
Department of Public Health & Human Services

MEDICAID PROVIDER TRAINING SEMINARS
FALL 2003

Dates and Locations for Training:	September 9-10	**Sidney Health Center, Sidney** 216 14th Ave. SW
	October 7-8	**Best Inn & Conference Center, Missoula** 3803 Brooks St.
	October 21-22	**Yogo Inn, Lewistown** 211 East Main St.

Please take advantage of these free training seminars to learn more about Medicaid and best billing practices. We encourage office managers and billing staff to attend the seminars. All you need to do is pre-register by filling out the attached registration form and return it by mail or fax (406-442-4402) to ACS, no later than one week before the training date you wish to attend.

Day One of the provider trainings will focus on new Medicaid billers from 1:00-5:00 pm. Day Two will provide information for new billers as well as more advanced billers. The second day session will run from 8:00 am- 5:00 pm. A specific break-out session will be offered on topic 1, topic 2, and topic 3. The training schedule is listed on the reverse side (*Please note the following schedule for when and where each special break-out training is being held).*

We ask that you **pre-register** if you plan to attend any of the upcoming Fall training seminars. Please complete the following and return to ACS as soon as possible.

Provider #: _____Provider Name: _____ Phone Number:_____

Type of Provider (i.e., physician, hospital, etc.): _____Specialty: _____

Which seminar location will your office attend? _____

Name of Person(s) Attending: _____

_____

- ❑ Biller # Attending Day One:_____ # Attending Day Two:_____
- ❑ Office Mngr # Attending Day One:_____ # Attending Day Two:_____
- ❑ Provider # Attending Day One:_____ # Attending Day Two:_____
- ❑ Other # Attending Day One:_____ # Attending Day Two:_____

Do you have a PASSPORT number, or bill for a provider that has a PASSPORT number?

- ❑ **YES**
- ❑ **NO**

Have you attended Medicaid Provider Trainings before? _____ (New Biller) _____ (Advanced Biller) _____ (PASSPORT Sessions)

Any concerns or areas you would like to see covered during this training seminar?

_____

Day One New Billers		Day Two All Billers		Day Two Special Break-out Session		
1:00 pm	Acronyms	8:00 am	The Medicaid Client	Topic	City	Date & Time
1:30 pm	Introduction to Medicaid	9:00 am	HIPAA	Schools	**Sidney only**	Sept. 10 3:30-5:00 pm
2:00 pm	Eligibility Verification and Prior Authorization	9:30 am	WINASAP2003 Demo			
2:45 pm	Provider Information (Provider Information Website, Claim Jumper)	10:30 am	PASSPORT (Process/Policy, Emergency Room, Referrals)			
3:00 pm	Forms (Sterilization, CNM, FA-455, Adjustments, RAS)	11:30 am	Lunch- on your own	CHIP	**Missoula only**	Oct. 8 3:30-5:00 pm
3:45 pm	My Claim Denied- Now What?	12:30 pm	Care Management			
4:30 pm	Q & A Session	1:00 pm	Medicaid Policy Panel (A discussion of new Medicaid policies and updates.)	Mental Health	**Lewistown only**	Oct. 22 3:30-5:00 pm
		2:15 pm	SURS and Record Keeping			
		2:45 pm	TPL & Medicare			
		3:15 pm	Q & A Session			

MONTANA Department of Public Health & Human Services

A C S

A C S
P.O. BOX 4936
HELENA, MONTANA 59604

PLACE STAMP HERE

ACS – FALL SEMINAR PRE-REGISTRATION
P.O. BOX 4936
HELENA, MONTANA 59604

Recent Publications

The following are brief summaries of publications regarding recent program policy changes. For details and further instructions, download the complete notice from the Provider Information website (http://www.mtmedicaid.org). Select Notices and Replacement Pages, and then select your provider type for a list of current notices. If you cannot access this information, contact provider relations.

Notices

07/07/03 Durable Medical Equipment Providers

New External insulin pump requirements Effective July 1, 2003

07/02/03 Durable Medical Equipment Providers

New Electric breast pump requirements Effective July 1, 2003

07/01/03 Commercial and Specialized Non-Emergency Transportation Providers

New New modifiers Effective July 1, 2003

06/18/03 Dental Providers

New Local Codes Terminating Effective July 1, 2003

06/16/03 Personal Assistance Services Providers

Procedure Code Changes for Personal Assistance Services Effective July 1, 2003

06/10/03 Specialized Non-Emergency Transportation Providers

Prior Authorization Changes for Wheelchair Van providers Effective July 1, 2003

06/06/03 Hearing Aid and Audiology Providers

Hearing Aid Services Documentation Changes Effective July 1, 2003

05/28/03 Mental Health Providers

Changes in Reimbursement for Interactive Psychotherapy

05/22/03 Outpatient Hospital and Ambulance Providers

Air Transport Changes Effective August 1, 2003

05/22/03 Durable Medical Equipment Providers

Discontinued Services- Disposable Wipes

06/01/03 Physicians, Mid Levels, ASCs, IHS, IDTF, Lab & X-Ray, Podiatrist, Psychiatrist

PA Criteria Changes

Services no longer covered

05/12/03 RBRVS Billers

Provider Rate and Payment Reductions

Disposable Incontinence Products

05/05/03 School Based Services Providers

CSCT Program Reinstated

Manuals

07/01/03 Personal Transportation Services Manual

New This new manual contains the latest program changes.

07/01/03 Commercial and Non-Emergency Transportation Services Manual

New This new manual contains the latest program changes.

04/01/03 Ambulatory Surgical Centers Manual

This new manual contains the latest program changes.

04/02/03 Optometric and Eyeglass Services Manual

This new manual does not include the temporary program changes effective February 1, 2003 through June 30, 2003.

Fee Schedules

07/09/03 Physician Fee Schedule

New Fee schedule for July 1, 2003 – June 30, 2004.

07/02/03 DME Fee Schedule

New Fee Schedule for July.

Manual Replacement Pages

07/09/03 Optometric Manual Replacement Page

New Replacement pages for changes in optometric services.

07/02/03 Dental Services Manual Replacement Pages

New Replacement pages for changes in dental services.

06/06/03 Physician Related Services Manual Replacement Pages

Replacement pages for changes in Prior Authorization and Covered Services

Clarification on Hysterectomy Requirements

01/02/03 Pharmacy Manual Replacement Pages

Replacement pages for the Prior Authorization chapter of the Pharmacy manual

Montana Medicaid
ACS
P.O. Box 8000
Helena, MT 59604

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Key Contacts

Provider Information Website:

http://www.mtmedicaid.org

ACS EDI Gateway Website:

http://www.acs-gcro.com/Medicaid_Accounts/Montana/montana.htm

ACS EDI Help Desk (800) 987-6719

Provider Relations (800) 624-3958 Montana
(406) 442-1837 Helena and out-of-state
(406) 442-4402 fax

TPL (800) 624-3958 Montana
(406) 443-1365 Helena and out-of-state

Direct Deposit Arrangements (406) 444-5283

Verify Client Eligibility:
FAXBACK (800) 714-0075
Automated Voice Response (800) 714-0060

Point-of-sale Help Desk for Pharmacy Claims (800) 365-4944

PASSPORT (800) 480-6823

Prior Authorization:
DMEOPS (406) 444-0190
Mountain-Pacific Quality Health Foundation (800) 262-1545
First Health (800) 770-3084
Transportation (800) 292-7114
Prescriptions (800) 395-7951

Provider Relations
P.O. Box 4936
Helena, MT 59604

Claims Processing
P.O. Box 8000
Helena, MT 59604

Third Party Liability (TPL)
P.O. Box 5838
Helena, MT 59604